

What is claimed is:

1. A capacitor-reform method comprising:  
charging at least one wet-tantalum capacitor in an implantable medical device;  
allowing the one wet-tantalum capacitors to discharge through system leakage after  
charging the one wet-tantalum capacitor in the implantable medical device;  
and  
discharging the one or more of the wet-tantalum capacitors through a non-  
therapeutic load, after allowing the one or more wet-tantalum capacitors to  
discharge through system leakage.
2. The method of claim 1, wherein the implantable medical device has a housing and  
the non-therapeutic load is a resistor within the housing.
3. The method of claim 1, wherein the one wet-tantalum capacitor comprises a  
tantalum anode and a non-tantalum cathode.
4. The method of claim 1, wherein the implantable device includes means for  
defibrillation, means for cardioversion, or means for pacemaking.
5. A capacitor-reform method comprising:  
charging at least one wet-tantalum capacitor to a high voltage relative its rated  
voltage or maximum-energy voltage;  
partially discharging the one the wet-tantalum capacitors through system leakage  
after charging the one wet-tantalum capacitor to the high voltage; and  
discharging the one or more of the wet-tantalum capacitors through a non-  
therapeutic load, after partially discharging the one or more wet-tantalum  
capacitors through system leakage.
6. The method of claim 5, wherein the high voltage is about 90 percent of the rated  
voltage or a maximum-energy voltage for the capacitor.

7. The method of claim 5, wherein the implantable medical device has a housing and the non-therapeutic load is a resistor within the housing.
8. The method of claim 5, wherein the one wet-tantalum capacitor comprises a tantalum anode and a non-tantalum cathode.
9. The method of claim 5, wherein the partial discharging is initiated after a time period of at least 60 seconds.
10. The method of claim 5, wherein the implantable device includes means for defibrillation, means for cardioversion, or means for pacemaking.
11. A capacitor-reform method comprising:  
charging at least one wet-tantalum capacitor in an implantable medical device, in response to a reform signal from a processor in the medical device;  
allowing the one wet-tantalum capacitors to discharge through system leakage after charging the one wet-tantalum capacitor in the implantable medical device;  
and  
discharging the one or more of the wet-tantalum capacitors through a non-therapeutic load, after allowing the one or more wet-tantalum capacitors to discharge through system leakage.
12. The method of claim 11, wherein the implantable medical device has a housing and the non-therapeutic load is a resistor within the housing.
13. The method of claim 11, wherein the one wet-tantalum capacitor comprises a tantalum anode and a non-tantalum cathode.
14. The method of claim 11, wherein the implantable device includes means for defibrillation, means for cardioversion, or means for pacemaking.

15. A capacitor-reform method comprising:  
charging at least one wet-tantalum capacitor in a device to a voltage;  
allowing the one wet-tantalum capacitors to discharge through system leakage after  
charging the one wet-tantalum capacitor in the device; and  
discharging the one or more of the wet-tantalum capacitors through a load, after  
allowing the one or more wet-tantalum capacitors to discharge through  
system leakage.
16. The method of claim 15, wherein the device has a housing and the load is a resistor  
within the housing.
17. The method of claim 15, wherein the one wet-tantalum capacitor comprises a  
tantalum anode and a non-tantalum cathode.
18. The method of claim 15, wherein the device is implantable and includes a housing  
and at least one of means for defibrillation, means for cardioversion, and means for  
pacemaking; and wherein the load includes a resistor within the housing.